



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. 135872

2. Type of Filing a. ☐ Original OR b. ☒ Amendment to Item(s) # 3-4016, 8, 10, 11 c. Date Change(s) Took Place 1 1

3. Full Name Of Committee MARY BATZ for Roseville Council

4. Candidate Last Name Batz First Name MARY M.I. P.

4a. County of Residence MACOMB 4b. Political Party (If applicable) _____

4c. Driver License # (Optional) _____

4d. Office Sought: (Check one)

☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Representative ☐ Secretary of State ☐ State Board of Education

☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ Attorney General ☐ Court of Appeals

☐ District Court ☐ Probate Court ☐ Detroit Recorders Court ☐ Supreme Court Justice ☐ Circuit Court

☒ Local or Other (Please Specify) Roseville City Council 4e. District # or Jurisdiction _____

5. Date Committee Was Formed MAY 1, 1997 (Mo/Day/Yr)

6. Committee Area Code and Phone Number 1-810-775-2055

7. Committee Mailing Address (May be P. O. Box) Include Zip Code
29084 Dembs
Roseville, Mi. 48066

7a. Committee Street Address (May not be P. O. Box)
29084 Dembs
Roseville, Mi. 48066

8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.)
MARY P. BATZ
29084 Dembs
Roseville, Mi. 48066

9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.

Area Code and Phone _____ Driver License # (Optional) _____

10. ☒ **REPORTING WAIVER** The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.

11. Names and Addresses of depositories or intended depositories of committee funds.

11a. Official Depository: FIRST FEDERAL OF MICHIGAN
FRANZ & GRATIOT, Roseville, Mi. 48066

11b. Secondary Depository: _____

12. This item applies only to a Gubernatorial Candidate Committee.

☐ Check if this committee intends to seek qualifying contributions for public funding.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Current Treasurer MARY P. BATZ Signature Mary P. Batz Date 6 14 97
Type or Print Name Signature Mo. Day Year

Candidate MARY P. BATZ Signature Mary P. Batz Date 6 14 97
Type or Print Name Signature Mo. Day Year



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

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1. Committee Identification No. 135872 50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 10	
2. Full Name of Committee		Date Change Took Place Aug 12 94 Month Day Year	
4. Candidate Name		County of Residence	
Office Sought (include district or jurisdiction served)		Party (if applicable)	
5. Committee Street Address (street, city, state, zip code)		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer		Area Code and Phone
7. Committee Area Code and Phone			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone			
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).		12. This item applies only to a Senatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer Type or Print Name MARY BATZ		Signature Mary Batz	
Candidate Type or Print Name		Signature	
		Date Mo. Day Year 8 12 94	

FILED
94 AUG 12 PM 12:31
CARROLL COUNTY CLERK
MICHIGAN
MT. CLEMENS, MICHIGAN

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Reg # 94/3800520

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1. Committee Identification No. 135872 50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) refer to # 10	
2. Full Name of Committee Comm. to elect MARY BATZ County Commissioner		Date Change Took Place 7 22 94 Month Day Year	
4. Candidate Name MARY BATZ Office Sought (include district or jurisdiction served) County Commissioner - Dist. 21		County of Residence MACOMB Party (if applicable) DEMOCRATIC	
5. Committee Street Address (street, city, state, zip code) 29084 Dembs Roseville, Mi. 48066		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. APR Day 15 Yr. 94	8. Full Name and Mailing Address of Treasurer MARY BATZ 29084 Dembs Roseville, Mi. 48066		Area Code and Phone 810-775-3347
7. Committee Area Code and Phone 810-775-3347			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			
10. REPORTING WAIVER SECTION <input checked="" type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). MICHIGAN NAT'L BANK 25005 Groesbeck WARREN, MI. 48066		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer MARY BATZ Type or Print Name		Signature Mary Batz Date 7 22 94 Mo. Day Year	
Candidate MARY BATZ Type or Print Name		Signature Mary Batz Date 7 22 94 Mo. Day Year	

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address



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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Leg # 94138005 29

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1. Committee Identification No. 135872 50		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____ Date Change Took Place _____ Month _____ Day _____ Year _____	
2. Full Name of Committee Committee to Elect MARY BATZ County Commissioner		County of Residence MACOMB Party (if applicable) DEMOCRATIC	
4. Candidate Name MARY BATZ Office Sought (include district or jurisdiction served) County Commissioner District 21		5a. Committee Mailing Address (if different from street address)	
5. Committee Street Address (street, city, state, zip code) 29084 Dembs Roseville, Mi. 48066			
6. Date Committee Was Formed Mo. Apr. Day 15 Yr. 94	8. Full Name and Mailing Address of Treasurer MARY BATZ 29084 Dembs Roseville, Mi. 48066		Area Code and Phone 810-775-3347
7. Committee Area Code and Phone 810-775-3347			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			

10. REPORTING WAIVER SECTION

☐ The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).

**MICHIGAN NATIONAL BANK
25005 Groesbeck
WARREN, Mi. 48089**

810-774-4622

12. This item applies only to a gubernatorial Candidate Committee.

☐ Check if this committee intends to seek qualifying contributions for public funding.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer	MARY BATZ	1 Mary Batz	Signature	Date	5	17	94
	Type or Print Name			Mo.	Day	Year	
Candidate	MARY BATZ	1 Mary Batz	Signature	Date	5	17	94
	Type or Print Name			Mo.	Day	Year	

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address